MONTANA LEGISLATIVE HISTORY

Chapter 327 19 95

Bill H _____ S 310 Original bill & history ___C

H. Committee on Human Services and Aging			S. Committee on Public Health Welfare & Safety		
Hearing Date(s)	Mar 06	✓C	Hearing Date(s)	Feb 15	✓C
	Mar 13	✓C			C
		C			C
		C			C
Date Out	Mar 15	✓C		Feb 15	✓C

Did this bill originate in an interim committee? ___Yes ___No

Committee _____ Report _____

SB 310 INTRODUCED BY JACOBSON, ET AL.

ALLOW PHYSICIAN ASSISTANTS-CERTIFIED TO PRESCRIBE, DISPENSE, AND ADMINISTER A SCHEDULE II DRUG FOR UP TO 34 DAYS

2/04	INTRODUCED		
2/04	FIRST READING		
2/04	REFERRED TO PUBLIC HEALTH, WELFARE & SAFETY		
2/15	HEARING		
2/15	COMMITTEE REPORT—BILL PASSED AS AMENDED		
2/16	2ND READING PASSED	50	0
2/17	3RD READING PASSED	49	1
	TRANSMITTED TO HOUSE		
2/20	FIRST READING		
2/20	REFERRED TO HUMAN SERVICES & AGING		
3/06	HEARING		
3/16	COMMITTEE REPORT—BILL CONCURRED		
3/28	2ND READING CONCURRED	89	10
3/29	3RD READING CONCURRED	87	12
	RETURNED TO SENATE		
3/30	SIGNED BY PRESIDENT		
3/31	SIGNED BY SPEAKER		
4/03	TRANSMITTED TO GOVERNOR		
4/04	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 327		
	EFFECTIVE DATE: 10/01/95		

SB 311 INTRODUCED BY WELDON, ET AL.

REVISE THE MONTANA SMALL BUSINESS LICENSING COORDINATION ACT

2/06	INTRODUCED		
2/06	FIRST READING		
2/06	REFERRED TO BUSINESS & INDUSTRY		
2/07	FISCAL NOTE REQUESTED		
2/13	HEARING		
2/13	FISCAL NOTE RECEIVED		
2/14	FISCAL NOTE PRINTED		
2/16	COMMITTEE REPORT—BILL PASSED AS AMENDED		
2/20	2ND READING PASSED AS AMENDED	49	1
2/21	3RD READING PASSED	50	0
	TRANSMITTED TO HOUSE		
2/22	FIRST READING		
2/22	REFERRED TO BUSINESS & LABOR		
3/14	HEARING		
3/16	COMMITTEE REPORT—BILL CONCURRED AS AMENDED		
3/24	2ND READING CONCURRED	85	13
3/25	3RD READING CONCURRED	84	14
	RETURNED TO SENATE WITH AMENDMENTS		
3/30	2ND READING AMENDMENTS CONCURRED	50	0
3/31	3RD READING AMENDMENTS CONCURRED	49	0
4/04	SIGNED BY PRESIDENT		
4/05	SIGNED BY SPEAKER		
4/06	TRANSMITTED TO GOVERNOR		
4/11	SIGNED BY GOVERNOR		
	CHAPTER NUMBER 355		
	EFFECTIVE DATE: 07/01/95		

SENATOR BENEDICT referred to Assumption 5 of the Fiscal Note, and read the last 2 sentences. **EXHIBIT 5.**

Peter Blouke said they had anticipated beginning Managed Care in FY 96, so there was $2.1 million in FY 96 identified as savings, then $2.1 in FY 97 as savings. Because the waiver process has taken longer than anticipated, there will be no savings in FY 96, consequently, the $2.1 million that was taken out of the budget has to go back in.

SENATOR ECK asked about the children's program, the safety of the funding, and preventing its going to adult care.

Peter Blouke said that has been a concern, but they don't want to tie up any particular funding source. The department should be allowed flexibility to distribute the funds as deemed appropriate by the advisory group. They are going to be bringing up the children's program in FY 97 to the Legislature.

SENATOR ECK asked about the advisory council.

Peter Blouke said the advisory council would be continued because it is helpful in giving the Department ideas for structuring.

SENATOR FRANKLIN asked how private practitioners are responding to RFT and will these practitioners be able to compete.

Donna Hale said the private practitioners were initially opposed having this process regionallized, and requested language be included in the RFP that anyone licensed in Montana be eligible as a provider to patients of the program, giving some freedom of choice to consumers for choosing their providers. One difficulty private practitioners have faced is, currently the system has not allowed for outcome measures, and they know there are abuses of the system and inefficiencies they haven't been able to correct.

Closing by Sponsor:

SENATOR KEATING said this touches a lot of people. The mental health community throughout the State, from every level of provider and client are constantly networking, and meetings held frequently. This area has a huge impact on the State budget, costs needs to be controlled, and services delivered. The goal is for effective services with reduced spending. He asked the Committee to favorably consider SB 223.

HEARING ON SB 310

Opening Statement by Sponsor:

SENATOR JUDY JACOBSON, SD 18, Butte, said SB 310 changes the time for the prescription of Class II drugs from 72 hours to 34 days, and allow both the Nutritionist and Physician Assistant full

voting privileges on the Board of Medical Examiners. It has been found in practice, some prescriptions need to be filled for one month, and this bill covers one month and 2 weekends. Currently, if the P.A. has to fulfill a prescription, the patient has to keep going back every 72 hours. Because the 72 hour limit was arbitrarily set as a very conservative compromise when the bill was originally passed, the 34 days time makes more sense.

She said she thinks the physicians who have served on the Board of Medical Examiners are in agreement with granting full voting privileges to the Physician Assistant and Nutritionist members of the Board. At present, everyone on the Board, including 2 members of the public, has full voting privileges except the Physicians Assistant and the Nutritionist. She posed the rhetorical question, if the 2 members of the public have full voting privileges, why don't the Nutritionist and the P.A. It has been suggested that eliminating lines 5 and 6 of the bill would grant those voting privileges.

Proponents' Testimony:

Jennifer Krueger, Montana Academy of Physician Assistants, testified in support of SB 310. **EXHIBIT 6.**

Randy Spear, Physician Assistant, spoke on behalf of the Board of Medical Examiners in support of SB 310. **EXHIBIT 7.**

Ben Lindeman, Physician Assistant, Helena, said passage of SB 310 would augment the practice of Primary Care Medicine in the State with the release of the P.A. to offer to patients medications over a timely period, which they are unable to do at present. In the case of children with Attention Deficit Disorder treated mainly with the drug Ritalin, the P.A. is restricted to 72 hours and is an indirect cost to the State if the child is seen every 3 days for a renewal of the Ritalin prescription.

Al Obrien, Physician Assistant, Butte, said he sees many children, the problem with Ritalin, and having to return every 72 hours for prescription renewal. Being in Butte and in the Community Health Center, he sees all of the pre-release patients living in Butte, and is sure than any of these people who are inclined to drug use will say **Mr. Obrien** is the toughest guy to get anything from in Butte. He says that abuses can occur with physicians, nurse practitioners, or anyone, but he knows the people who are in the Montana Academy of Physician Assistants, and knows their moral tenure, doesn't think abuse would be a problem.

Opponents' Testimony:

Jerry Loendorf, representing the Montana Medical Association, said they support Section 2, which will improve the health care for the people of Montana, but want to delete Section 1, which they oppose. He said the Board regulates more than 1,700 physicians in various practices and specialties in the State. The

time the Board spends on Physician Assistants and Nutritionists is less than 10% of the time, and if full-time Board members are to be added, they should be physicians representing groups of physicians not currently represented.

Questions From Committee Members and Responses:

SENATOR ECK asked what type of issues come before the Board.

Jerry Loendorf said they deal mostly with physician disciplinary matters. They also do the licensing of the 6 groups listed in the bill, but these are more Board administrative matters handled by the staff.

CHAIRMAN BURNETT asked why they want to delete Section 1 of SB 223.

Jerry Loendorf said that section makes the changes for Board members voting privileges, making the Physician Assistant and Nutritionist full-time members of the Board. At present, the Physician Assistant and Nutritionist board members vote only on matter that pertain to their professions they represent, but do not vote on all issues before the board.

SENATOR FRANKLIN asked what was the rationale for limiting the Physician Assistant and Nutritionist to voting only on issues of interest to their professions.

Patricia England, Executive Secretary Board of Medical Examiners, explained the initial rationale for excluding the Nutritionist and the P.A. from full voting privileges. When the Board was established by the Department of Commerce, found themselves divided along professional lines. When the P.A. and Nutritionist were added, there was some concern there may be ganging up of one profession against another, and the physician majority could be outvoted to the detriment of the physicians and the people of Montana. This has not happened because the Board is comprised of mature individuals who have the public's best interest in mind, and there has been no reason to fear full-voting membership or partisan line up. They simply deal with the issues that come before the board.

SENATOR MOHL asked about the fiscal note, and whether there would be additional in cost.

SENATOR JACOBSON said there would be no cost increase, because additional members are not being added to the Board, just a change in voting privileges.

SENATOR ESTRADA asked for more information on Schedule II drugs.

Jennifer Kruger said Schedule II are regulated narcotics, such as pain pills.

SENATOR ESTRADA asked if this is everything not sold over-the-counter.

Jennifer Kruger said Schedule II narcotics include drugs such as codeine, Ritalin, and pain killers.

Al Obrien said the schedule of drugs is set up by the Department of Drug Administration, and is a schedule of potency or ability of a drug to cause an addiction. It's considered to be very little chance of becoming addicted to over-the-counter and RX drugs. Schedule IV drugs are drugs that contain some narcotics, such as codeine. Schedule III drugs may have a little more chance of addiction, and Schedule II drugs more chance of addiction. Drugs used to alleviate pain are in this schedule II category. Schedule I drugs are heroin, etc. that have restricted use within the medical profession.

Closing by Sponsor:

SENATOR JACOBSON said former Board members who are physicians are in favor of giving full voting privileges to P.A.s and Nutritionists. She said these members have as much good common sense as the general public members. She encouraged passage of SB 310 as it is.

EXECUTIVE ACTION ON SB 310

Discussion: **SENATOR BENEDICT** said the amendments would strike lines 5 and 6 from present law.

SENATOR BURNETT said that was the recommendation.

Motion: **SENATOR BENEDICT moved the AMENDMENTS in conception to SB 310 DO PASS.**

SENATOR BENEDICT said striking lines 5 and 6 from present law is cleaner, rather than leave those sections in and amend them, it's better to strike them out of present law.

Vote: **The Do Pass motion for the AMENDMENTS in conception to SB 310 CARRIED UNANIMOUSLY.**

SENATOR BENEDICT said **Susan Fox** will be renumbering #7 and #8 to #5 and #6.

Motion/Vote: **SENATOR BENEDICT moved SB 310 DO PASS AS AMENDED. The motion CARRIED, with SENATOR ESTRADA voting NO.**

MONTANA SENATE
1995 LEGISLATURE
PUBLIC HEALTH, WELFARE AND SAFETY COMMITTEE

ROLL CALL DATE 2/15/95

NAME	PRESENT	ABSENT	EXCUSED
LARRY BAER	X		
SHARON ESTRADA	X		
ARNIE MOHL	X		
MIKE SPRAUGE	X		
DOROTHY ECK	X		
EVE FRANKLIN	X		
TERRY KLAMPE	X		
STEVE BENEDICT, VICE CHAIRMAN	X		
JIM BURNETT, CHAIRMAN	X		

SEN:1995
wp.rollcall.man
CS-09

SENATE STANDING COMMITTEE REPORT

February 15, 1995

MR. PRESIDENT:

We, your committee on Public Health, Welfare, and Safety having had under consideration SB 310 (first reading copy -- white), respectfully report that SB 310 be amended as follows and as so amended do pass.

Signed: _____
Senator Jim Burnett, Chair

That such amendments read:

1. Title, line 5.
Strike: "AUTHORIZING"
Insert: "GRANTING"

2. Title, lines 7 and 8.
Following: "EXAMINERS"
Strike: the remainder of line 7 through "BOARD" on line 8
Insert: "FULL VOTING RIGHTS"

3. Page 1, lines 27 through page 2, line 1.
Strike: subsections (5) and (6) in their entirety
Renumber: subsequent subsections

-END-

Amd. Coord.
Sec. of Senate

EXHIBIT NO. 6
DATE 2/15/95
BILL NO. SB 310

SENATE BILL NO. 310

INTRODUCED BY SENATOR JUDY JACOBSON

TESTIMONY BY MONTANA ACADEMY OF PHYSICIAN ASSISTANTS, INC (MAPA)

I. "AN ACT ALLOWING PHYSICIAN ASSISTANTS-CERTIFIED TO PRESCRIBE, DISPENSE, AND ADMINISTER A SCHEDULE II DRUG FOR UP TO 34 DAYS; AMENDING SECTION 37-20-404, MCA."

Historical background:

1. Physician Assistants (PAs) have provided health care services to Montana citizens for greater than twenty (20) years.

2. PAs practice medicine with the supervision of a licensed physician. The supervising physician is legally, medically and ethically responsible for the care provided. All scheduled drug prescriptions written by a PA are required to be reviewed by the supervising physician.

3. PAs are regulated by the Board of Medical Examiners (BOME).

4. Prescriptive authority for PAs was authorized by legislation passed during the 1989 legislative session to allow for prescribing, dispensing, and administering of Schedule II drugs. This law was formulated with the advice, consultation and approval of the Boards of Pharmacy and Medical Examiners.

5. DEA registration is mandatory for PAs prescribing scheduled drugs.

6. Duplicate prescriptions are mandatory for all scheduled drugs with a copy going to the BOME to monitor prescribing patterns and compliance with law.

Physician Assistant (PA) prescribing history (1989-1994)

1. No incidents of abuse or misuse of Schedule II drugs by a PA have been reported.

2. No incidents of injury to a patient due to inappropriate prescribing or administration of Schedule II drugs by a PA have been reported.

RATIONALE FOR CHANGE 72 HOURS TO 34 DAYS:

1. Patient health care needs.

Acutely injured or surgical patients (fractures, burns, pre- or post-surgical).

Chronic pain management patients (hospice, nursing home).

Mental health patients (child or adult attention deficit disorder).

2. Why 34 Days?

This equals one month and two week-ends.

Patients on chronic or long term medications are usually seen on a monthly basis to assess ongoing health care needs, changes, improvement or deterioration of condition.

Patients currently would need to return to healthcare facility for re-evaluation and refill of medications (Schedule II) in all cases that require more than 72 hours of medication if the patient were being cared for by a PA.

This extension of prescription authority would allow for appropriate prescribing for appropriate health care needs on an individualized basis.

3. What was the purpose of a 72 hour restriction and if removed, are adequate safe-guards in place to assure safety of Montana citizens?

The restriction of 72 hours was a initial, conservative proposal by PAs to allow prescribing of this class of scheduled drug. The BOME agreed and with consultation with the Board of Pharmacy the bill, which included that language, was introduced, passed, and signed into law (1989).

The change from the current 72 hours to the proposed 34 days would not affect any of the current safe-guards. The supervising physician review, the DEA registration, the duplicate prescriptions to the BOME, and the BOME review of the duplicate prescriptions all remain unchanged.

If past history is any indicator of future performance in regard to PA prescribing, then this proposed change will risk nothing and hold promise to decrease cost and possibly increase access to health care services, particularly in

EXHIBIT 6
DATE 2-15-95
SB 310

II. "AUTHORIZING A PHYSICIAN ASSISTANT-CERTIFIED AND A NUTRITIONIST WHO ARE MEMBERS OF THE BOARD OF MEDICAL EXAMINERS TO VOTE ON AN ISSUE AFFECTING ANY PERSON LICENSED AND REGULATED BY THE BOARD; AMENDING SECTION 2-15-1841, MCA."

RATIONALE FOR INCREASING VOTING PRIVILEGES OF PA AND NUTRITIONIST MEMBERS:

1. Increase public representation on the BOME.

This past year the Governor's Task Force to Renew Montana Government called for increased public representation of state regulatory boards. This proposal would accomplish that end without increasing size or expense of the BOME.

2. A matter of full representation.

PA numbers have grown substantially over the past few years, from 26 in 1988 to currently about 85. This represents provider numbers greater than those of podiatric or osteopathic physicians, both of whom have full voting privileges.

Matters that affect the practice of medicine, directly and indirectly affect all those licensed and regulated by the BOME. PAs practice medicine with physician supervision.

3. The BOME voted its approval of granting full voting privileges to the PA and nutritionist members of the board.

Minutes of July 21, 22, 23, 1994 reflect this action.

4. Currently, two members from the general public are full voting members of the BOME. The health care related education and experience of the PA provide for better understanding of all of the medical issues before the board, beyond those of public members.

END OF TESTIMONY

MAPA would like to respectfully offer a conceptual ammendment to this bill as written and ask if the committee's legislative council could undertake those changes if the committee were so inclined.

The changes suggested would be to: simply line out/remove numbers (5) and (6), page 2, lines 3-7; and renumber (7) and (8) to numbers (5) and (6), respectively. We wonder if this would not clean up the bill and accomplish the same goal.

EXHIBIT NO. 7
DATE 2/15/95
BILL NO. SB 310

SENATE BILL NO. 310
INTRODUCED BY SENATOR JUDY JACOBSON

TESTIMONY BY BOARD OF MEDICAL EXAMINERS
Randy L. Spear, PA-C

The Board of Medical Examiners (BOME) has thoroughly discussed both elements of this bill and voted unanimously in each case to support such an initiative.

Reasoning for support of an extension of prescribing authority:

1. Physician Assistants (PAs) have demonstrated, through existing oversight mechanisms, the knowledge and expertise to safely and appropriately deliver this class of drugs.

2. PAs have maintained an exceptional record in their use of Schedule II prescription authority over the past five (5) years.

3. There does exist valid medical rationale for the appropriate prescribing of Schedule II pharmaceuticals in excess of 72 hours.

4. All currently existing oversight mechanisms will remain in effect; physician supervision and prescription review, DEA registration and federal monitoring, duplicate prescriptions to the BOME and subsequent review.

5. Patient health care needs could more efficiently be met. The additional time frame of prescriptions will allow for the reasonable delivery of medications to Montana citizens with access to care and safe, quality health care as its foundation.

Reasoning for support of full voting privileges to the PA and Nutritionist members of the BOME:

1. Efficiency of Board Function.

2. Increase public representation without increasing size or cost of Board.

3. Expertise and knowledge of these members have been invaluable. Their ability to express their viewpoints through voting would be welcomed.

4. Nearly all issues coming before the Board are interrelated to some degree. To limit the voting privileges of some fully capable board members is not in the public's interest and is clearly unneccessary.

END OF TESTIMONY

Mr. Spear suggested that the Board send the bariatric guidelines to physicians using amphetamines in weight control.

The Board discussed the Board of Nursing's Transcript of Proceedings. Ms. England will transcribe a written response to the proceedings.

The Board noted the proposal to reorganize government moved regulation of podiatrists to another, umbrella board. It was noted that the podiatrists oppose this move. They practice a surgical specialty and want to remain with the Medical Board. Public membership could be increased, but the number of physicians on the Board should not be decreased, given the workload. The Board approved granting full voting privileges to physician assistants and nutritionists, noting that that would count as increasing the public membership without actually increasing the size of the Board.

EXHIBIT 7
DATE 2-15-95
SB 310

ASSOCIATION OF PHYSICIAN ASSISTANT PROGRAMS

ELEVENTH ANNUAL REPORT ON P.A. EDUCATIONAL PROGRAMS IN THE UNITED STATES, 1994-95

Denis R. Oliver, Ph.D.
Project Director

Physician Assistant Curriculum: Basic Science Core Courses*

Basic Medical Science Courses	Hours of Instruction Mean	S.D.	Number of Programs Mean Based Upon	Reporting 0 Hours	Total Mean*
Anatomy	123.9	61.8	39	19	80.5
Anatomy/Physiology	107.5	56.6	19	39	34.0
Biochemistry	46.3	32.5	22	36	17.0
Clin. Lab Sciences	43.7	26.8	45	13	32.8
Microbiology	58.4	35.7	41	17	39.9
Nutrition	15.3	11.3	41	17	10.4
Pathology	49.2	22.6	27	31	22.1
Patho./Physiology	69.6	56.2	19	39	22.0
Pharmacology	70.4	26.1	58	0	70.4
Physiology	72.0	25.5	35	23	42.0
Medical Terminology	18.5	16.3	26	32	6.0
"Other "	49.9	41.0	16	42	6.8
Total Hours	400.7	183.6	58	0	400.7

*Data is drawn from the 1994 Annual APAP Survey of all P.A. Programs in the U.S. The Report is published June each year at The University of Iowa P.A. Program

DATE 2/15/95

SENATE COMMITTEE ON Public Health

BILLS BEING HEARD TODAY: SB 240, SB 223
SB 310

< ■ > PLEASE PRINT < ■ >

Name	Representing	Bill No.	Check One: Support	Oppose
DONNA HALE	MT Chp NASW	223	✓	
Bob Torres	MT Chp NASW	223	✓	
Randy Poulsen	SRS	223	✓	
Frank Rowe	E. MMHC	223	✓	
Larry White	St. Patrick Hosp.	240	✓	
JIM OURY	"	240		
Gary Elliott	Rib. ImmunoChem	240	✓	
Carol Erickson	St. Patrick Hosp.	240.	✓	
BOB RAM	MENTAL HEALTH	223	✓	
PAUL MEYER	MHC - Region 5	223	✓	
KATHY McGOWAN	MCMHC	223	✓	
Jennifer Krueger	MONTANA ACADEMY OF PHYSICIAN ASSTS	310	✓	
RANDY SPEAR	BOWE	310/240	✓	
RANDY SPEAR	MAPA	310	✓	
David Hemion	Mental Health Assc.	223	✓	

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRETARY

DATE _____

SENATE COMMITTEE ON _____

BILLS BEING HEARD TODAY: 2-15-95

_____

< ■ > PLEASE PRINT < ■ >

Check C

Name	Representing	Bill No.	Support
Ben Lindeman PAC		240 310	X
Jerome Loendorf	Mont Med Assn	310	See 2 C
" "	" " "	240	✓
Mary Alice Cook	Adv for MTs Children	223	✓
Pat Melby	Rimrock Foundation	223	✓
Hugh M. Black PhD	Montana Coalition of Mental Health Providers	223	✓
Gloria Hermanson	MT Psych. Assn	223	✓
Candy Wimmer	MBCC	223	✓
Dan Anderson	DCHS	223	✓
Bill Kennedy	Yellowstone Co	223	✓

VISITOR REGISTER

PLEASE LEAVE PREPARED STATEMENT WITH COMMITTEE SECRET

REGISTER.F10

MINUTES

MONTANA HOUSE OF REPRESENTATIVES
54th LEGISLATURE - REGULAR SESSION

COMMITTEE ON HUMAN SERVICES & AGING

Call to Order: By **CHAIRMAN DUANE GRIMES**, on March 6, 1995, at 3:00 p.m.

ROLL CALL

Members Present:

Rep. Duane Grimes, Chairman (R)
Rep. John C. Bohlinger, Vice Chairman (Majority) (R)
Rep. Carolyn M. Squires, Vice Chairman (Minority) (D)
Rep. Chris Ahner (R)
Rep. Ellen Bergman (R)
Rep. Bill Carey (D)
Rep. Antoinette R. Hagener (D)
Rep. Deb Kottel (D)
Rep. Bonnie Martinez (R)
Rep. Brad Molnar (R)
Rep. Bruce T. Simon (R)
Rep. Liz Smith (R)
Rep. Susan L. Smith (R)
Rep. Loren L. Soft (R)
Rep. Kenneth Wennemar (D)

Members Excused: None

Members Absent: Rep. Dick Green (R)

Staff Present: David Niss, Legislative Council
Jacki Sherman, Committee Secretary

Please Note: These are summary minutes. Testimony and discussion are paraphrased and condensed.

Committee Business Summary:

Hearing:	SB 310, SB 240, SB 223
Executive Action:	SB 240 DO CONCUR
	SB 310 POSTPONED

{Tape: 1; Side: A; Approx. Counter: 000; Comments: n/a.}

HEARING ON SB 310

Opening Statement by Sponsor:

SEN. JUDY JACOBSON, SD 18, Butte, stated that SB 310 changes the Board of Medical Examiners to allow for Schedule II drugs to be prescribed by a physician assistant-certified (PA-C) for up to 34 days. They would like to see the PA-C and the nutritionist have full voting rights.

Proponents' Testimony:

Jennifer Krueger, President of the Montana Academy of Physician Assistants (MAPA), submitted written testimony and information on physician assistants. **EXHIBIT 1**

Randy Spear, PA-C, Member of the Montana Board of Medical Examiners (BOME). EXHIBIT 2

Opponents' Testimony:

Jerry Loendorf, Montana Medical Association (MMA), explained that he was testifying on the opponents' side although he supports Section 2 of the bill. He expressed concern over the expansion of the BOME. Over 90% of the work done by the board applies to physicians. There are nine full members and two public members. He asked to exclude Section 1 of the bill.

Informational Testimony: None

{Tape: 1; Side: A; Approx. Counter: 285; Comments: NA.}

Questions From Committee Members and Responses:

REP. SUSAN SMITH asked what the rationale was to go from 72 hours to 34 days, and why there was a restriction in the first place and why the jump to 34 days.

Mr. Spear replied that there are people who need the Schedule II drugs and are restricted by coming in every three days. They should not have to pay for a doctor's visit that often. In 1989 the legislature made that initial step in concordance with other states to see how it would work. Each state has its own requirements. The figure of 34 days came up for the chronic nature of the disease of some people who needed their medication for one month and two weekends.

REP. BRUCE SIMON asked **Mr. Loendorf** if his concern would be that the PA-C would be voting on issues that would not affect their profession and, therefore, the outcome of votes might change on the board. He replied that the two part-time members only attend for the matters that concern them. There is public representation on the board and there are many specialties who are not represented and when issues come up involving their specialty there is no one there with that particular expertise.

CHAIRMAN GRIMES asked the sponsor why the committee has not heard anything from the nutritionists and could someone give some examples of Schedule II drugs.

SEN. JACOBSON explained that when the bill was brought forward, the PA-C was voting but the vote on the BOME was to let both of the other two members have full voting rights.

Pat England, Executive Secretary for the BOME, listed narcotics and abusable non-narcotics as Schedule II drugs that are administered under the direct or indirect supervision of a physician.

REP. DEB KOTTEL asked and **Mr. Spear** clarified the amount and degree of education of a PA-C according to the MCA, Title 37, Chapter 20.

REP. LIZ SMITH asked what the minimum level of accreditation of the PA-Cs that are practicing in Montana.

Mr. Spear stated that they have graduated from an accredited program and they have passed national certifying boards. They have to maintain 100 hours of continuing education every two years and be recertified by examination every session.

REP. JOHN BOHLINGER asked why the board would object to the other members having voting rights.

Mr. Loendorf told the committee that the board would rather have the privilege go to a specialty physician. The board is large enough already and they don't want to add to the number so they would rather have a more diverse voting member.

REP. KOTTEL stated that 37 other states allow PA-Cs to prescribe Schedule II drugs and asked what the longest period of time was in which a PA-C can prescribe medication.

Mr. Spear replied that many states do not have a stipulation and it is mandated by law that a PA-C practice with a physician.

REP. KOTTEL asked if the prescriptions could be called in over the phone and **Mr. Spear** answered that Schedule II drugs could not be prescribed over the phone.

REP. CAROLYN SQUIRES clarified that the board has a utilization plan that has been established with the physician that outlines what is allowed for them to practice.

{Tape: 1; Side: B; Approx. Counter: 00; Comments: NA.}

The plan is available at the physician's office and at the board's office. **Mr. Spear** concurred with this information.

REP. SQUIRES asked if the 34 days were granted, if that information would be included in the utilization plan at the facility and at the board. **Mr. Spear** agreed that it would be reviewed and written in the standard scope of practice.

REP. SQUIRES inquired that the PA-C must be under the supervision of a physician at all times and who would be responsible if something happened. **Mr. Spear** answered that both the physician

and the PA-C could be disciplined for things that fall outside that scope of practice.

REP. BOHLINGER wondered if PA-Cs and nutritionists were new members on the board or have these associations been a part of the group for some time. **Mr. Spear** explained that the PA-C membership was two years old and the nutritionists have been there a period of time longer than that.

REP. BILL CAREY asked what the specialties of the members of the board who hold degrees were. **Pat England** told the committee that there was an ophthalmologist from Missoula, a family practitioner from Glasgow, a general surgeon from Kalispell, and a family practitioner from Billings

REP. L. SMITH asked if there was a limit on how many times a Schedule II prescription can be refilled and what is the length of the prescription. **Mr. Spear** said that a Schedule II drug could not be refilled; that a doctor would need to write out a new prescription every time. The length would be 34 days.

REP. L. SMITH stated that the board was looking for a parallel with the nurse practitioners' ability to prescribe. **Mr. Spear** replied that was what the board thought would be appropriate.

REP. L. SMITH voiced her concern of the inconsistency of the PA-C credentialing. **Mr. Spear** told her that they could not sit for the national test unless they have graduated from a certified program.

REP. LOREN SOFT clarified the amount of education that the PA-Cs needed. He stated that in testimony he heard that the number of PA-Cs went from 26 to 90 and wondered why the board would not grant voting rights to cover such a large group.

Mr. Loendorf stated that there were 1,800 physicians and they break down into 83 specialties with 17 being large groups that would like representation. The board can only be so big and foregoing.

Closing by Sponsor:

SEN. JACOBSON explained that full voting privileges are recommended by the board because they are very knowledgeable and ought to be voting. It would ease their workload because there will be more of them able to work. The extension of the time drugs are prescribed by a PA-C was done for the benefit of the patient so they don't have to go back into the office and pay for an office visit for a prescription every 72 hours.

{Tape: 1; Side: B; Approx. Counter: 400; Comments: NA.}

HOUSE OF REPRESENTATIVES

Human Services and Aging

ROLL CALL DATE 3-6-95

NAME	PRESENT	ABSENT	EXCUSED
Rep. Duane Grimes, Chairman	✓		
Rep. John Bohlinger, Vice Chairman, Majority	✓		
Rep. Carolyn Squires, Vice Chair, Minority	✓		
Rep. Chris Ahner	✓		
Rep. Ellen Bergman	✓		
Rep. Bill Carey	✓		
Rep. Dick Green		✓	
Rep. Toni Hagener	✓		
Rep. Deb Kottel	✓		
Rep. Bonnie Martinez	✓		
Rep. Brad Molnar	✓		
Rep. Bruce Simon	✓		
Rep. Liz Smith	✓		
Rep. Susan Smith	✓		
Rep. Loren Soft	✓		
Rep. Ken Wennemar	✓		

MAPA

Montana Academy of Physician Assistants

EXHIBIT 1
DATE 3/6/95
SB 310

A Constituent Chapter of the American Academy of Physician Assistants

TESTIMONY FOR SB 310

March 6, 1995

My name is Jennifer Krueger - I'm the current president of the Montana Academy of Physician Assistants (MAPA). I am here to speak in support of SB 310, which was initiated to cover two areas: 1) improve Schedule II prescriptive privileges for PAs, and 2) grant full voting privileges for the PA and nutritionist members of the Montana Board of Medical Examiners.

PRESCRIPTIVE PRIVILEGES
Historical Background

- Physician Assistants have provided quality health care services to Montana citizens for greater than 20 years.
- PAs practice medicine with the supervision of a licensed physician. All scheduled drug prescriptions written by a PA are required to be reviewed by the supervising physician.
- PAs are regulated by the Board of Medical Examiners (BOME).
- Prescriptive authority for PAs was authorized by legislation passed during the 1989 legislative session. This law was formulated with the advice, consultation and approval of both the Board of Pharmacy and the BOME.
- DEA registration is mandatory for PAs prescribing scheduled drugs.
- Duplicate prescriptions are mandatory for all scheduled drugs. A copy goes to the BOME to monitor prescribing patterns and compliance with the law.

Since 1989, no incidents have been reported of abuse or misuse of Schedule II drugs by a PA. No incidents have been reported of injury to a patient due to inappropriate prescribing or administration of Schedule II drugs by a PA. The extension of the prescriptive privileges to 34 days will provide better care for Montana citizens, including the acutely injured, chronic pain management (e.g. nursing home residents) and mental health patients (e.g., child or adult attention deficit disorder).

Currently, patients must return to the health care facility every 72 hours to refill Schedule II medications. Particularly for the elderly and rural patients, this is quite a hardship. The extension to 34 days equals one month and two week-ends. Patients on chronic or long term medications are usually seen on a monthly basis to assess ongoing health care needs and the status of their condition.

The change from the current 72 hours to the proposed 34 days will not affect any of the current safeguards. The supervising physician review, the DF ons to the BOME, and th ins unchanged.

The original of this document is stored at the Historical Society at 225 North Roberts Street, Helena, MT 59620-1201. The phone number is 444-2694.

EXHIBIT 2
DATE 3/6/95
SB 310

SENATE BILL NO. 310
INTRODUCED BY SENATOR JUDY JACOBSON

TESTIMONY BY BOARD OF MEDICAL EXAMINERS
Randy L. Spear, PA-C

The Board of Medical Examiners (BOME) has thoroughly discussed both elements of this bill and voted unanimously in each case to support such an initiative.

Reasoning for support of an extension of prescribing authority:

1. Physician Assistants (PAs) have demonstrated, through existing oversight mechanisms, the knowledge and expertise to safely and appropriately deliver this class of drugs.

2. PAs have maintained an exceptional record in their use of Schedule II prescription authority over the past five (5) years.

3. There does exist valid medical rationale for the appropriate prescribing of Schedule II pharmaceuticals in excess of 72 hours.

4. All currently existing oversight mechanisms will remain in effect; physician supervision and prescription review, DEA registration and federal monitoring, duplicate prescriptions to the BOME and subsequent review.

5. Patient health care needs could more efficiently be met. The additional time frame of prescriptions will allow for the reasonable delivery of medications to Montana citizens with access to care and safe, quality health care as its foundation.

Reasoning for support of full voting privileges to the PA and Nutritionist members of the BOME:

1. Efficiency of Board Function.

2. Increase public representation without increasing size or cost of Board.

3. Expertise and knowledge of these members have been invaluable. Their ability to express their viewpoints through voting would be welcomed.

4. Nearly all issues coming before the Board are interrelated to some degree. To limit the voting privileges of some fully capable board members is not in the public's interest and is clearly unneccessary.

END OF TESTIMONY

HOUSE OF REPRESENTATIVES
VISITORS REGISTER

Human Services DATE 3-6-95

BILL NO. SB 310 SPONSOR(S) Jacobsen

PLEASE PRINT PLEASE PRINT PLEASE PRINT

NAME AND ADDRESS	REPRESENTING	Support	Oppose
Jennifer Krueger 1101 S Montana Butte MT 59701	President, Montana Acad. of Phys Assts	✓	
Pat England	MT Bd of Med Ex	X	
Buddy Spear	MT Bd of Med Ex	✓	
J. Lienhart	ark ned assn	Sec 2	Sec 1

PLEASE LEAVE PREPARED TESTIMONY WITH SECRETARY. WITNESS STATEMENT FORMS ARE AVAILABLE IF YOU CARE TO SUBMIT WRITTEN TESTIMONY.

REP. JOHN BOHLINGER asked if **Father Smith** thought that providing HIV-related tests on an anonymous basis would provide a security. **Father Smith** replied that he thought it would.

REP. BRAD MOLNAR said that he heard of some people who knew that they were HIV positive who turned up with other sexually transmitted diseases later on and asked if **SEN. KEATING** could back that up. He replied that it was usually the opposite and that the other diseases usually showed up first.

{Tape: 3; Side: A; Approx. Counter: 760; Comments: NA.}

Closing by Sponsor:

SEN. KEATING stated that SB 17 would be beneficial to all Montanans and that all testing is anonymous until the test comes back positive and then it becomes confidential. The written informed consent has been an impediment to testing and without it there would be greater participation in the medical community. Anonymity would not be done away with, SB 17 would still allow for anonymous testing for those who want to, and it would provide for others who would find it worthwhile to be routinely tested in their doctor's office. He quoted statistics about AIDS/HIV and stated that two years ago there were 103 strains of the HIV virus that do not have vaccines and that no one would be able to produce vaccines for that many strains.

{Tape: 3; Side: B; Approx. Counter: 00; Comments: NA.}

He said SB 17 would not drive people away but rather invite more people to be tested. Early testing and notification would be a help to both the carriers and their partners. He stated that he would resist any amendments as they would confuse the issue and wants to keep the bill as is.

EXECUTIVE ACTION ON SB 401

Motion/Vote: **REP. TONI HAGENER MOVED THAT SB 401 BE CONCURRED IN. The motion carried unanimously.**

A letter urging support for SB 401 from **Dahl Chapels of Billings, Bozeman and Red Lodge** was submitted for the record. **EXHIBIT 14**

EXECUTIVE ACTION ON SB 310

Motion: **REP. TONI HAGENER MOVED THAT SB 310 BE CONCURRED IN.**

Discussion:

REP. LIZ SMITH said that nurse practitioners have permission to prescribe drugs by rules and physician assistants need to have permission by statute. She opposed SB 310.

Motion: REP. L. SMITH MADE A SUBSTITUTE MOTION THAT SB 310 NOT BE CONCURRED IN.

Discussion:

REP. BRAD MOLNAR stated that he was in favor of several points of the bill.

Motion: REP. MOLNAR MADE A SUBSTITUTE MOTION THAT SB 310 BE CONCURRED IN.

Discussion:

REP. SUSAN SMITH questioned whether it should be up to the committee to allow them to have full voting rights on a board if the board doesn't want them to.

REP. MOLNAR said that many people who sit on boards are reluctant to give voting rights out.

REP. KEN WENNEMAR commented that one of the benefits of extending the voting rights would be that the board could delegate committee work out and have a better distribution of board members.

REP. LOREN SOFT stated that he thought the board could make the decision of who to give voting rights to amongst themselves.

REP. DICK GREEN asked **REP. L. SMITH** what Schedule II was. She replied that they were the narcotic level drugs only to be distributed by written prescription with an identification number of the physician who wrote it.

REP. CHRIS AHNER asked for clarification that physicians assistants were on the board, but not allowed full voting rights and **REP. S. SMITH** stated that they could vote on issues that pertained to their field, but not on the issues pertaining to physicians.

Holly Franz, Montana Academy of Physicians Assistants, said that physician assistants were first certified in 1989 to have a seat on the board, but not full voting rights. The board is in favor of SB 310 and supports giving full voting rights to spread the workload on the board.

REP. AHNER clarified the intent of the bill and **Ms. Franz** affirmed the statements.

REP. L. SMITH clarified what positions were presently represented on the board and **REP. JOHN BOHLINGER** said that nutritionists do not have a vote.

Vote: The motion carried 13-3 with REPS. L. SMITH, S. SMITH and MARTINEZ voting no.

HOUSE STANDING COMMITTEE REPORT

March 15, 1995

Mr. Speaker: We, the committee on **Human Services and Aging** report that **Senate Bill 310** (third reading copy -- blue) **be concurred in.**

Signed: _____
Duane Grimes, Chair

Carried by: Rep. Bohlinger

Committee Vote:
Yes 13, No 3.

601134SC.Hbk

ROLL CALL VOTE

Human Services and Aging Committee

DATE 3-13-95 BILL NO. SB 310 NUMBER _____

MOTION: Rep ~~Hagener~~ Molnar "Do Concur"

NAME	AYE	NO
Rep. Duane Grimes, Chairman	✓	
Rep. John Bohlinger, Vice Chairman, Majority	✓	
Rep. Carolyn Squires, Vice Chairman, Minority	✓	
Rep. Chris Ahner	✓	
Rep. Ellen Bergman	✓	
Rep. Bill Carey		
Rep. Dick Green		
Rep. Toni Hagener		
Rep. Deb Kottel		
Rep. Bonnie Martinez		✓
Rep. Brad Molnar		
Rep. Bruce Simon		
Rep. Liz Smith	✓	✓
Rep. Susan Smith	✓	✓
Rep. Loren Soft		
Rep. Ken Wennemar		

(13-3)